

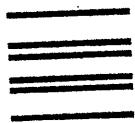
| | | | |
|--|--|--|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | | |
| 1. Article Addressed to: <i>R. Randolph Neal Asst. United States Atty Post Office Box 1A17 Montgomery, AL 36101-0197</i> | | A. Signature <i>X R. Randolph Neal</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>RCN</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No C. Date of Delivery <i>5/25/06</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <hr/> <hr/> | |
| 2. Article Number <i>(Transfer from)</i> <i>PS Form 3811, February 2004</i> | | 7006 0100 0002 0273 2657 <small>102596-02-M-1540</small> | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Yes | | | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> | | | |

7006 0100 0002 0273 2657

| | |
|---|--|
| U.S. Postal Service CERTIFIED Service <i>(Domestic Mail Only)</i> | |
| MAIL | |
| RECEIPT | |
| (No Insurance Coverage Provided) | |
| For delivery information visit our website at www.usps.com | |
| Postage \$ 10.79 | |
| Certified Fee \$ 2.40 | |
| (Endorsement Required) | |
| Restricted Delivery Fee \$ 1.85 | |
| (Endorsement Required) | |
| Total Postage & Fees \$ 14.64 | |
| Sent To R. Randolph Newell Jr. Street, Apt. No. 1100 or PO Box No. B-197 City, State, ZIP+4 36401 Mo. 197 | |
| 05/04/2006 | |
| PS Form 3000, June 2002 | |
| See Reverse for Instructions | |

| | |
|---|--|
| U.S. Postal Service CERTIFIED Service <i>(No Insurance Coverage Provided)</i> | |
| MAIL | |
| RECEIPT | |
| (No Insurance Coverage Provided) | |
| For delivery information visit our website at www.usps.com | |
| Postage \$ 10.79 | |
| Certified Fee \$ 2.40 | |
| (Endorsement Required) | |
| Restricted Delivery Fee \$ 1.85 | |
| (Endorsement Required) | |
| Total Postage & Fees \$ 14.64 | |
| Sent To R. Randolph Newell Jr. Street, Apt. No. 1100 or PO Box No. B-197 City, State, ZIP+4 36401 Mo. 197 | |
| 05/04/2006 | |
| PS Form 3000, June 2002 | |
| See Reverse for Instructions | |

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- **Sender:** Please print your name, address, and ZIP+4 in this box.

Dr. Dennis Paul
102 Meadowlawn
Weston, MA 02493

三
〇
七
五

卷之三